

# REQUEST FOR COPIES

DATE: \_\_\_\_\_

FILE NUMBER/S	DOCUMENTS (Check)	PARTIES NAME/S	NEEDED BY (Date)	NUMBER OF COPIES	TYPE OF COPY (Check one)
	<input type="checkbox"/> Pet/Aff/ExParte <input type="checkbox"/> Service <input type="checkbox"/> Final Order <input type="checkbox"/> All <input type="checkbox"/> Other: _____				<input type="checkbox"/> PLAIN OR <input type="checkbox"/> CERTIFIED
	<input type="checkbox"/> Pet/Aff/ExParte <input type="checkbox"/> Service <input type="checkbox"/> Final Order <input type="checkbox"/> All <input type="checkbox"/> Other: _____				<input type="checkbox"/> PLAIN OR <input type="checkbox"/> CERTIFIED
	<input type="checkbox"/> Pet/Aff/ExParte <input type="checkbox"/> Service <input type="checkbox"/> Final Order <input type="checkbox"/> All <input type="checkbox"/> Other: _____				<input type="checkbox"/> PLAIN OR <input type="checkbox"/> CERTIFIED

Please (check one) : ☐ Fax (below) ☐ Mail (below) ☐ Will pick up (clerk will call when ready)

MY NAME: \_\_\_\_\_

MY ADDRESS: \_\_\_\_\_

MY PHONE NUMBER: \_\_\_\_\_

MY FAX NUMBER: \_\_\_\_\_

ARE YOU AN ATTORNEY IN THE CASE? (Check one) ☐ YES OR ☐ NO

Please fax request to: 651-266-5140 or mail to: Domestic Abuse/Harassment Office, JFJC, 25 W. 7<sup>th</sup> Street #122, St. Paul MN 55102. If you have any further questions, call 651-266-5130. There may be a fee for copies of \$5.00 for plain and \$10.00 for certified.